



PRESBYTERIAN HEALTH PLAN

Smart Care HMO Plans — Large Group

Benefits	Deductible Options	
	Deductible (Calendar Year) Family = 3 x individual	HHH10096—\$500 HHH10097—\$750
Annual Out-of-Pocket Maximum Family = 3 x individual	\$2,000	\$4,500
Physician Services Non-Specialist office visit Specialist office visit		\$30 \$40
Preventive Services		\$0
Hospital¹ (per visit) Inpatient Outpatient		30% ² 30% ²
Urgent Care		\$40
Emergency Care		\$100
Diagnostic Tests¹ (lab only)		\$0
Acupuncture and Chiropractic (limited sessions)		30% ²
Transplants¹		30% ²
Vision	Refer to Optional Benefit Rider Materials	
Prescription Benefit Options¹	Refer to Optional Benefit Rider Materials	

¹Benefit Certification may be required. ²Subject to deductible.

This summary of Covered Benefits and services is subject to the provisions of the Group Subscriber Agreement and cannot modify or affect the Group Subscriber Agreement in any way, nor shall you accrue any rights because of any statement in or omission from this summary. Refer to the Schedule of Benefits or Group Subscriber Agreement for more details on all Covered Benefits and Exclusions.